

11333/1  
NREAD  
8 Oct 86

Mr. Wallace E. Venrick  
Water Supply Branch  
Division of Health Services  
Post Office Box 2091  
Raleigh, North Carolina 27602-2091

Dear Mr. Venrick:

Enclosures (1) and (2) are the Trihalomethane analysis of the Hadnot Point (HP) Water Treatment Plant, ID No. 04-67-041 and for the Marine Corps Air Station (MCAS), New River Water Treatment Plant, ID No. 04-67-042. All samples were collected by the Water Quality Control Laboratory personnel and analyzed by Industrial and Environmental Analysts, Incorporated.

Point of contact in this matter is Ms. Elizabeth Betz, (919) 451-5977.

Sincerely,

D. D. SHARPE  
Acting Director

Encls:

- (1) TTHM Analysis for HP
- (2) TTHM Analysis for MCAS

Copy to:  
LANTDIV



37720  
P.C. Lab. ID



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WATER SYSTEM PERSONNEL TO COMPLETE ALL INFORMATION ABOVE HEAVY LINE

WATER SYSTEM INFORMATION

WATER SYSTEM ID# 04 - 67 - 041 TYPE OF SYSTEM:  
 COMMUNITY ( ) NON-COMMUNITY

SYSTEM NAME: HADNOT POINT SOURCE OF WATER:  
 GROUND ( ) BOTH  
 SURFACE ( ) PURCHASED

ADDRESS: COMMANDING GENERAL, MCB  
CAMPLEJEUNE, NC ZIP 28542

COUNTY: ONslow TYPE OF TREATMENT:  
 NONE  LIME  
 CHLORINATED ( ) SODA ASH  
 FLUORIDATED ( ) POLYPHOSPHATE  
 FILTERED  WATER SOFTNER  
 ALUM ( ) OTHER

REPORT TO: AC/S FACILITIES (NREAD)

ADDRESS: SAME AS ABOVE ZIP \_\_\_\_\_

TELEPHONE: (919) 451-5977

SAMPLE INFORMATION

SOURCE OF SAMPLE TYPE OF SAMPLE  
 DISTRIBUTION TAP ( ) HOUSE TAP  D-REGULAR ( ) M-M.R.T.  
 PLANT TAP ( ) WELL TAP ( ) C-CHECK ( ) S-SPECIAL

SAMPLING LOCATION (Address): BLDG FC-530

DATE COLLECTED: 15 SEP 86 TIME COLLECTED: 1120 am  pm

COLLECTED BY: WATER Q.C. LAB LOC. CODE: \_\_\_\_\_

FOR LABORATORY USE ONLY

STATE DRINKING WATER PARAMETERS

CONTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULTS mg/l
2005	Endrin	201	_____	2941	Chloroform	215	0.021
2010	Lindane	201	_____	2943	Bromodichloromethane	215	0.011
2015	Methoxychlor	201	_____	2944	Chlorodibromomethane	215	0.007
2020	Toxaphene	201	_____	2942	Bromoform	215	0.001
2105	2, 4-D	203	_____	2950	Total THM	215	0.039
2110	2, 4, 5-TP	203	_____				

DATE RECEIVED 09-16-86 DATE ANALYZED 09-24-86 REPORTED BY Folk  
DATE EXTRACTED 09-24-86 DATE REPORTED 09-26-86 SAMPLE LAB 304-8-6

REMARKS: ENC(1)

WATER SYSTEM INFORMATION

- ( ) NON-COMMUNITY
- (X) COMMUNITY
- ( ) SOURCE OF WATER
- (X) GROUND
- ( ) SURFACE
- ( ) PURCHASED
- ( ) TYPE OF TREATMENT
- ( ) NONE
- ( ) COAGULATION
- (X) CHLORINATION
- ( ) FLOTATION
- ( ) POLYPHOSPHATE
- ( ) WATER SOFTENER
- ( ) OTHER

SAMPLE INFORMATION

- ( ) DATE OF SAMPLE
- ( ) LOCATION
- ( ) M.A.R.
- ( ) SPECIAL
- ( ) TIME
- ( ) TIME

100.00  
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 100.00

37720  
Lab ID



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WATER SYSTEM PERSONNEL TO COMPLETE ALL INFORMATION ABOVE HEAVY LINE

WATER SYSTEM INFORMATION

WATER SYSTEM ID# 04-67-042 TYPE OF SYSTEM:  
 COMMUNITY  NON-COMMUNITY

SYSTEM NAME: MARINE CORPS AIR STATION SOURCE OF WATER:  
 GROUND  BOTH  
 SURFACE  PURCHASED

ADDRESS: COMMANDING GENERAL, MCB  
CAMP LEJEUNE, NC ZIP 28542

COUNTY: ONSLOW TYPE OF TREATMENT:  
 NONE  LIME  
 CHLORINATED  SODA ASH  
 FLUORIDATED  POLYPHOSPHATE  
 FILTERED  WATER SOFTNER  
 ALUM  OTHER

REPORT TO: MC/S FACILITIES (NREAD)

ADDRESS: SAME AS ABOVE ZIP \_\_\_\_\_

TELEPHONE: (919) 451-5977

SAMPLE INFORMATION

SOURCE OF SAMPLE TYPE OF SAMPLE  
 DISTRIBUTION TAP  HOUSE TAP  D-REGULAR  M-M.R.T.  
 PLANT TAP  WELL TAP  C-CHECK  S-SPECIAL

SAMPLING LOCATION (Address): BLDG A3-110

DATE COLLECTED: 15 SEP 86 TIME COLLECTED: 0900 am  pm  
 COLLECTED BY: WATER Q.C. LAB LOC. CODE: \_\_\_\_\_

FOR LABORATORY USE ONLY

STATE DRINKING WATER PARAMETERS

CONTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULT mg/l
2005	Endrin	201	---	2941	Chloroform	215	0.005
2010	Lindane	201	---	2943	Bromodichloromethane	215	0.007
2015	Methoxychlor	201	---	2944	Chlorodibromomethane	215	0.016
2020	Toxaphene	201	---	2942	Bromoform	215	0.016
2105	2, 4-D	203	---	2950	Total THM	215	0.044
2110	2, 4, 5-TP	203	---				

DATE RECEIVED 09-16-86 DATE ANALYZED 09-24-86 REPORTED BY Folk  
 DATE EXTRACTED 09-24-86 DATE REPORTED 09-26-86 SAMPLE LAB 304-8-1  
 REMARKS: ENCL (2)

( ) NON-COMMUNITY

( ) BOTH

( ) PURCHASED

( ) 1131

( ) SODA ASH

( ) POLYPHOSPHATE

( ) WATER SOFTNER

( ) OTHER

SAMPLE INFORMATION

( ) N.M.R.T.

( ) S-SPECIAL

( )

STATE WORKING WATER PARAMETERS

METHOD RESULT

11/1

115 0.0 2

115 0.0 7

115 0.0 1 6

115 0.0 1 6

115 0.0 1 7

REPORTED BY Folk

SAMPLE LAB NO. 8-1

DATE

37720  
C. Lab. ID



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WATER SYSTEM PERSONNEL TO COMPLETE ALL INFORMATION ABOVE HEAVY LINE

WATER SYSTEM INFORMATION

WATER SYSTEM ID# 04 - 67 - 04Z TYPE OF SYSTEM:  
 COMMUNITY ( ) NON-COMMUNITY

SYSTEM NAME: NAVY CORPS AIR STATION SOURCE OF WATER:  
 GROUND ( ) BOTH  
 SURFACE ( ) PURCHASED

ADDRESS: COMMANDING GENERAL, MCB  
CAMP LEJEUNE, NC ZIP 28542

COUNTY: ONslow TYPE OF TREATMENT:  
 NONE  LIME  
 CHLORINATED ( ) SODA ASH  
 FLUORIDATED ( ) POLYPHOSPHATE

REPORT TO: NC/S FACILITIES (NREAD)  
 FILTERED  WATER SOFTNER  
 ALUM ( ) OTHER

ADDRESS: SAME AS ABOVE ZIP \_\_\_\_\_

TELEPHONE: (919) 451-5977

SAMPLE INFORMATION

SOURCE OF SAMPLE TYPE OF SAMPLE  
 DISTRIBUTION TAP ( ) HOUSE TAP  D-REGULAR ( ) M-M.R.T.  
 PLANT TAP ( ) WELL TAP ( ) C-CHECK ( ) S-SPECIAL

SAMPLING LOCATION (Address): BLDG A5-4025

DATE COLLECTED: 15 Sep 86 TIME COLLECTED: 0935 am  pm  
 COLLECTED BY: WATER Q.C. LAB LOC. CODE: \_\_\_\_\_

FOR LABORATORY USE ONLY

STATE DRINKING WATER PARAMETERS

CONTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULT mg/l
2005	Endrin	201	_____	2941	Chloroform	215	0.006
2010	Lindane	201	_____	2943	Bromodichloromethane	215	0.013
2015	Methoxychlor	201	_____	2944	Chlorodibromomethane	215	0.031
2020	Toxaphene	201	_____	2942	Bromoform	215	0.028
2105	2, 4-D	203	_____	2950	Total THM	215	0.078
2110	2, 4, 5-TP	203	_____				

DATE RECEIVED 09-16-86 DATE ANALYZED 09-24-86 REPORTED BY Folk  
 DATE EXTRACTED 09-24-86 DATE REPORTED 09-26-86 SAMPLE LAB 304-8-2

REMARKS:

NON-COMMUNITY

WATER

SUBJECT

LINE

WATER

PHOSPHATE

WATER

OTHER

WATER

WATER

WATER

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REGISTERED BY

DATE



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C. Lab. ID



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WATER SYSTEM PERSONNEL TO COMPLETE ALL INFORMATION ABOVE HEAVY LINE

WATER SYSTEM INFORMATION

WATER SYSTEM ID# 04 - 67 - 042 TYPE OF SYSTEM:  
 COMMUNITY ( ) NON-COMMUNITY

SYSTEM NAME: MARINE CORPS AIR STATION SOURCE OF WATER:  
 GROUND ( ) BOTH  
 SURFACE ( ) PURCHASED

ADDRESS: COMMANDING GENERAL, MCB  
CAMP LEJEUNE, NC ZIP 28542

COUNTY: ONSONG TYPE OF TREATMENT:  
 NONE  LIME  
 CHLORINATED ( ) SODA ASH  
 FLUORIDATED ( ) POLYPHOSPHATE  
 FILTERED  WATER SOFTNER  
 ALUM ( ) OTHER

REPORT TO: MC/S FACILITIES (NREAD)  
 ADDRESS: SAME AS ABOVE ZIP \_\_\_\_\_

TELEPHONE: (919) 451-5977

SAMPLE INFORMATION

SOURCE OF SAMPLE TYPE OF SAMPLE  
 DISTRIBUTION TAP ( ) HOUSE TAP  D-REGULAR ( ) M-M.R.T.  
 PLANT TAP ( ) WELL TAP ( ) C-CHECK ( ) S-SPECIAL

SAMPLING LOCATION (Address): BLDG 2800

DATE COLLECTED: 15 SEP 86 TIME COLLECTED: 1000 am  pm

COLLECTED BY: WATER Q.C. LAB LOC. CODE: \_\_\_\_\_

FOR LABORATORY USE ONLY

STATE DRINKING WATER PARAMETERS

CONTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULT mg/l
2005	Endrin	201	---	2941	Chloroform	215	0.009
2010	Lindane	201	---	2943	Bromodichloromethane	215	0.015
2015	Methoxychlor	201	---	2944	Chlorodibromomethane	215	0.034
2020	Toxaphene	201	---	2942	Bromoform	215	0.030
2105	2, 4-D	203	---	2950	Total THM	215	0.088
2110	2, 4, 5-TP	203	---				

DATE RECEIVED 09-16-86 DATE ANALYZED 09-24-86 REPORTED BY Folk  
 DATE EXTRACTED 09-24-86 DATE REPORTED 09-26-86 SAMPLE LAB 304-8-3

REMARKS:

DATE: \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

( ) NON-COMMUNITY

WATER SYSTEM

( ) BOILING

( ) PURCHASED

TREATMENT

( ) LINE

( ) SODA WATER

( ) ESTIMATE

( ) OTHER

TABLE NO. \_\_\_\_\_

( ) H.H.A.T.

( ) S-SPECIAL

NO. \_\_\_\_\_

DATE \_\_\_\_\_

LABORATORY USE ONLY

WATER TREATMENT

NOTE: \_\_\_\_\_

mg/l	lb	gal	ft
215.000			
215.000			
215.000			
215.000			
215.000			
215.000			

37720  
C. Lab. ID



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WATER SYSTEM PERSONNEL TO COMPLETE ALL INFORMATION ABOVE HEAVY LINE

WATER SYSTEM INFORMATION

WATER SYSTEM ID# 04 - 67 - 042 TYPE OF SYSTEM:  
 COMMUNITY ( ) NON-COMMUNITY

SYSTEM NAME: MARINE CORPS AIR STATION SOURCE OF WATER:  
 GROUND ( ) BOTH  
 SURFACE ( ) PURCHASED

ADDRESS: COMMANDING GENERAL, MCB  
CAMP LEJEUNE, NC ZIP 28542

COUNTY: ONSLOW TYPE OF TREATMENT:  
 NONE  LIME  
 CHLORINATED ( ) SODA ASH  
 FLUORIDATED ( ) POLYPHOSPHATE  
 FILTERED  WATER SOFTNER  
 ALUM ( ) OTHER

REPORT TO: MC/S FACILITIES (NREAD)

ADDRESS: SAME AS ABOVE ZIP \_\_\_\_\_

TELEPHONE: (919) 451-5977

SAMPLE INFORMATION

SOURCE OF SAMPLE TYPE OF SAMPLE  
 DISTRIBUTION TAP ( ) HOUSE TAP  D-REGULAR ( ) M-M.R.T.  
 PLANT TAP ( ) WELL TAP ( ) C-CHECK ( ) S-SPECIAL

SAMPLING LOCATION (Address): BLDG 710

DATE COLLECTED: 15 Sep 86 TIME COLLECTED: 1020 am  pm  
 COLLECTED BY: WATER Q.C. LAB LOC. CODE: \_\_\_\_\_

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STATE DRINKING WATER PARAMETERS

CONTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULT mg/l
2005	Endrin	201	---	2941	Chloroform	215	0.007
2010	Lindane	201	---	2943	Bromodichloromethane	215	0.015
2015	Methoxychlor	201	---	2944	Chlorodibromomethane	215	0.035
2020	Toxaphene	201	---	2942	Bromoform	215	0.030
2105	2, 4-D	203	---	2950	Total THM	215	0.087
2110	2, 4, 5-TP	203	---				

DATE RECEIVED 09-16-86 DATE ANALYZED 09-24-86 REPORTED BY Folk  
 DATE EXTRACTED 09-24-86 DATE REPORTED 09-26-86 SAMPLE LAB 304-8-4

REMARKS:

WATER SYSTEM INFORMATION

WATER SYSTEM	TYPE OF TREATMENT	DATE OF TREATMENT	DATE OF ANALYSIS
( ) NON-COMMUNITY	( ) OTHER		
( ) COMMUNITY	( ) ALUM		
( ) SURFACE	( ) FLUORIDATED		
( ) GROUND	( ) UNFLUORIDATED		
( ) BOTH	( ) NONE		
( ) PURCHASED	( ) OTHER		
( ) OTHER	( ) OTHER		

SAMPLE INFORMATION

TYPE OF SAMPLE	DATE OF SAMPLE	DATE OF ANALYSIS
( ) TAP WATER		
( ) OTHER		

USE ONLY FOR USE ONLY

USE ONLY FOR USE ONLY

USE ONLY FOR USE ONLY

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USE ONLY FOR USE ONLY	USE ONLY FOR USE ONLY	USE ONLY FOR USE ONLY
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USE ONLY FOR USE ONLY	USE ONLY FOR USE ONLY	USE ONLY FOR USE ONLY

37720  
C. Lab. ID



WATER SYSTEM PERSONNEL TO COMPLETE ALL INFORMATION ABOVE HEAVY LINE

WATER SYSTEM INFORMATION

WATER SYSTEM ID# 04-67-042

TYPE OF SYSTEM:

COMMUNITY  NON-COMMUNITY

SYSTEM NAME: MARINE CORPS AIR STATION

SOURCE OF WATER:

ADDRESS: COMMANDING GENERAL MCB

GROUND  BOTH

CAMP LEJEUNE, NC ZIP 28542

SURFACE  PURCHASED

COUNTY: ONSLOW

TYPE OF TREATMENT:

REPORT TO: MC/S FACILITIES (NREAD)

NONE  LIME

ADDRESS: SAME AS ABOVE

CHLORINATED  SODA ASH

ZIP \_\_\_\_\_

FLUORIDATED  POLYPHOSPHATE

TELEPHONE: (919) 451-5977

FILTERED  WATER SOFTNER

ALUM  OTHER

SAMPLE INFORMATION

SOURCE OF SAMPLE

TYPE OF SAMPLE

DISTRIBUTION TAP  HOUSE TAP

D-REGULAR  M-M.R.T.

PLANT TAP  WELL TAP

C-CHECK  S-SPECIAL

SAMPLING LOCATION (Address): BLDG G-540

DATE COLLECTED: 15 SEP

TIME COLLECTED: 1040 am  pm

COLLECTED BY: WATER Q.C. LAB

LOC. CODE: \_\_\_\_\_

FOR LABORATORY USE ONLY

STATE DRINKING WATER PARAMETERS

CONTAMINANT ID	NAME	METHOD	RESULTS mg/l	CONTAMINANT ID	NAME	METHOD	RESULT mg/l
2005	Endrin	201	---	2941	Chloroform	215	0.008
2010	Lindane	201	---	2943	Bromodichloromethane	215	0.014
2015	Methoxychlor	201	---	2944	Chlorodibromomethane	215	0.029
2020	Toxaphene	201	---	2942	Bromoform	215	0.025
2105	2, 4-D	203	---	2950	Total THM	215	0.076
2110	2, 4, 5-TP	203	---				

DATE RECEIVED 09-16-86 DATE ANALYZED 09-24-86 REPORTED BY Folk

DATE EXTRACTED 09-24-86 DATE REPORTED 09-26-86 SAMPLE LAB 304-8-5

REMARKS:

REPORT OF ANALYSIS OF WATER SAMPLE

DATE OF ANALYSIS: \_\_\_\_\_

LOCATION OF SAMPLE: \_\_\_\_\_

NAME OF ANALYST: \_\_\_\_\_

DATE OF REPORT: \_\_\_\_\_

TYPE OF TREATMENT: \_\_\_\_\_

ANALYSIS METHOD: \_\_\_\_\_

ANALYST'S SIGNATURE: \_\_\_\_\_

DATE OF ANALYSIS: \_\_\_\_\_

LOCATION OF SAMPLE: \_\_\_\_\_

NAME OF ANALYST: \_\_\_\_\_

DATE OF REPORT: \_\_\_\_\_

TYPE OF TREATMENT: \_\_\_\_\_

ANALYSIS METHOD: \_\_\_\_\_

ANALYST'S SIGNATURE: \_\_\_\_\_

DATE OF ANALYSIS: \_\_\_\_\_

LOCATION OF SAMPLE: \_\_\_\_\_

NAME OF ANALYST: \_\_\_\_\_

DATE OF REPORT: \_\_\_\_\_

TYPE OF TREATMENT: \_\_\_\_\_

ANALYSIS METHOD: \_\_\_\_\_

ANALYST'S SIGNATURE: \_\_\_\_\_

DATE OF ANALYSIS: \_\_\_\_\_

LOCATION OF SAMPLE: \_\_\_\_\_

NAME OF ANALYST: \_\_\_\_\_

DATE OF REPORT: \_\_\_\_\_

TYPE OF TREATMENT: \_\_\_\_\_

ANALYSIS METHOD: \_\_\_\_\_

ANALYST'S SIGNATURE: \_\_\_\_\_

DATE OF ANALYSIS: \_\_\_\_\_